

**California Health Facilities Financing Authority
Cedillo-Alarcón Community Clinic Investment Act of 2000**

GRANT DISBURSEMENT REQUEST – INSTRUCTIONS

1. Complete **GRANT DISBURSEMENT REQUEST FORM - SUMMARY** (Exhibit A)
If needed, call your project analyst for an additional copy.
2. **GRANT DISBURSEMENT REQUEST FORM -- EQUIPMENT/FURNISHINGS** (Exhibit B)
Complete form and attach copies of equipment/furnishings invoices behind the disbursement request form in the appropriate order.

GRANT DISBURSEMENT REQUEST FORM – CONSTRUCTION / REMODEL (Exhibit C)
Complete form and attach copies of construction/remodeling contracts (if applicable), contractor invoices/bids behind the disbursement request form in the appropriate order.

GRANT DISBURSEMENT REQUEST FORM – ACQUISITION... and/or PAY PERMITS (Exhibit D)
Complete form and attach copies of purchase contracts, counter offers and addendums, estimate settlement statements, appraisals and permits behind the disbursement request form in the appropriate order.

Note: If more than 15 invoices/items are to be listed, copy disbursement form(s) to be attached as additional pages before proceeding.

3. Provide **all** funding contingency items exhibited in the staff summary that was enclosed with the recommended funding letter sent on August 1, 2001. Attach funding contingency items behind a copy of the staff summary in the appropriate order. In addition, please provide three estimates for any one equipment item over \$10,000.
4. Contact your project analyst to determine if any additional funding contingencies apply.
5. Mail items 1-3 above to your project analyst and any additional funding contingencies noted to:

California Health Facilities Financing Authority
915 Capitol Mall, Suite 590
Sacramento, CA 95814
Attn: (name of your project analyst)

NOTE: ONLY ONE CHECK WILL BE DISBURSED FOR YOUR FUNDING, EXCEPTIONS WILL BE CONSIDERED ON A CASE BY CASE BASIS.

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**GRANT DISBURSEMENT REQUEST FORM – SUMMARY
EXPLANATION OF LINE ITEM DIFFERENCES**

Applicant: _____

Facility Name / DBA _____

Address _____

City, State ZIP _____

Explain any line item differences from CHFFA Approved and Disbursement Request:
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**California Health Facilities Financing Authority
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GRANT DISBURSEMENT REQUEST FORM -- EQUIPMENT/FURNISHINGS**

Applicant: _____
 Facility Name / DBA _____
 Address _____
 City, State ZIP _____

	Vendor	Invoice Date	Invoice Number	Description	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTAL DISBURSEMENT REQUEST -- EQUIPMENT / FURNISHINGS (All Pages):					

NOTE:

1. Attach UNPAID supporting invoices behind this form in the above order.

2. Invoices must be on Vendor Letterhead

3. If more than 15 invoices are to be listed, copy this form for additional pages and please note total number of pages included _____.

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GRANT DISBURSEMENT REQUEST FORM – CONSTRUCTION / REMODEL

Applicant: _____
Facility Name / DBA _____
Address _____
City, State ZIP _____

	Contractor	Contract/Inv. Date	Contract/Inv. Number	Description	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTAL DISBURSEMENT REQUEST – CONSTRUCTION / REMODEL (All pages):					

NOTE: 1. Attach UNPAID supporting invoices or construction contracts behind this form in the above order
2. Invoices must be on Contractor Letterhead
3. If more than 15 invoices are to be listed, copy this form for additional pages and please note total number of pages included _____.

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GRANT DISBURSEMENT REQUEST FORM – ACQUISITION OF LAND/BLDG and/or PAY PERMITS

Applicant: _____
Facility Name / DBA _____
Address _____
City, State ZIP _____

	Document Description	Date of Document	Description	Amount, (if applicable)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	TOTAL DISBURSEMENT REQUEST – ACQUISITION / PERMITS (All pages):			

NOTE: 1. Attach purchase contracts, counter offers & addendums, estimate settlement statements, appraisals and permits behind this form in the above order

2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included _____.